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Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		Application Number	10/510,554
		Filing Date	2004-10-07
		First Named Inventor	Hans Paul Hopper
		Examiner Name	David A. Reifsnyder
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1723
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,740)		Attorney Docket No.	1600-10800 DAR

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account   Deposit Account Number: 03-0335 Deposit Account Name: Cooper Cameron

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

## 2 EXCESS CLAIM FEES

**Fee Description**

Each claim over 20 (including Reissues) 50 25

Each independent claim over 3 (including Reissues) 210 105

Multiple dependent claims 370 185

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)      Multiple Dependent Claims

HP = highest number of total claims paid for, if greater than 20

Indep. Claims      Extra Claims      Fee (\$)      Fee Paid (\$)

$$- 3 \text{ or } HP = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of independent claims paid for, if greater than 3

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

- 100 = ..... / 50 = ..... (round up to a whole number) x ..... = .....

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Issue Fee \$1,440; Publication Fee \$300 1,740

SUBMITTED BY

Signature	/David A. Rose/	Registration No. (Attorney/Agent)	26,223	Telephone	(713) 238-8000
Name (Print/Type)	DAVID A. ROSE			Date	November 14, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.